



# 2020 Liability Waiver & Information Form

Please return to:

PRCS-Spartan Recreation Center  
202 NE 185<sup>th</sup> St Shoreline, WA 98155

Phone: (206) 801-2600 Fax: (206) 801-2793 Email: [shorelineparks@shorelinewa.gov](mailto:shorelineparks@shorelinewa.gov)

This form covers all recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department (PRCS) for the year 2020. Please read and fill out this form completely and legibly.

This information will be used in the event of an emergency.

**This form must be on file with the PRCS Department prior to registration.**

## Section One: Please provide information for ALL participants in your household.

First Name	Last Name	Gender (optional)	Date of Birth	Medical/Allergy Alerts (required field, N/A if none)
<b>ADULTS/PARENTS/GUARDIANS</b>				
<i>Main Contact</i>				
1.				
2.				
<b>CHILDREN/DEPENDENTS/PARTICIPANT</b>				
1.				
2.				
3.				
4.				
<b>Address:</b>				
<b>City/State/Zip:</b>				
<b>Phone:</b>	<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>	
<b>Email Address:</b>				

## Section Two: Please provide an Emergency Contact NOT listed above:

Emergency Contact Name	Relationship	Cell Phone	Home Phone
1.			

## Section Three: ASSUMPTION OF RISK AND LIABILITY WAIVER

**Continue to the next page.**



## ASSUMPTION OF RISK AND LIABILITY WAIVER

### General Waiver:

I am 18 years of age or older, fully competent and am the participant or the parent or legal guardian of the participant shown on this Liability Waiver Form. It is important to me that I and/or my child(ren) or ward be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the child's or ward's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or my child(ren) or ward being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or my child(ren) or ward which may arise from my participation or my child's or my ward's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) or my ward arising out of my participation or the child's/children's or ward's participation in the activity.

I hereby authorize the use of photos/video of above listed participants.

***I understand that if I DO NOT wish to have photographs and/or videotapes of me or my child/children/ward to be utilized for promotional purposes, I must call (206) 801-2600 prior to the first day of the program and/or event.***

### COVID-19 Waiver:

I acknowledge that the novel coronavirus (COVID-19) infections have been confirmed throughout the United States and Washington State, including several cases in the City of Shoreline. I understand that in accordance with the most recent guidance and protocols issued by the World Health Organization, the Centers for Disease Control and Prevention (CDC), the Washington State Department of Health, and the Seattle/King County Department of Health for slowing the transmission of COVID-19, the City of Shoreline has established procedures to implement the guidance and protocols and, at any time, may revise its procedures based on updated guidance and protocols and I agree to comply with, and instruct my child(ren) to comply with, the City's procedures and any revision to the City's procedures.

I understand that the City cannot guarantee that anyone visiting its facilities or participating in its programs will not be exposed to or infected by COVID-19; that due to the nature of the City's facilities and programs, social distancing of six (6) feet per person among children and City Staff is not always possible; and that the risks of being exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including City of Shoreline officials, employees, or agents. Therefore, I understand the known and unknown dangers of utilizing the City's facilities and programs due to COVID-19 and acknowledge that use thereof by myself and/or any participating child(ren) may, despite the City's reasonable efforts to mitigate such dangers, result in exposure to or infection by COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

I hereby agree, represent, and warrant that neither myself nor any participating child(ren) shall visit or utilize the City of Shoreline's facilities or programs within fourteen (14) days after: (1) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (2) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent, and warrant that neither myself nor any participating child(ren) shall visit or utilize the City of Shoreline's facilities or programs if they: (1) are experiencing symptoms of COVID-19, including but not limited to, fever, cough, shortness of breath, muscle aches, or sore throat, or (2) has a suspected or diagnoses/confirmed case of COVID-19.

HAVING READ THIS DOCUMENT AND BEING FULLY INFORMED OF THE CONTAGIOUS NATURE OF COVID-19 AND THE RISKS, KNOWN AND UNKNOWN, OF BEING EXPOSED TO OR INFECTED BY COVID-19, I ASSUME ALL RISK AND SOLE RESPONSIBILITY of injury, damage, and harm to myself or my child(ren) which may arise from my participation or my child's participation in the City's programs or use of its facilities. I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE CITY OF SHORELINE, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) arising, directly or indirectly, out of my participation or the child's/children's participation in the City's programs or the use of its facilities.

### Assumption of the Risk and Waiver Online Activities:

I understand that the City of Shoreline is not responsible for the quality of the internet connection to any on-line activity. I understand that a separate registration and waiver is required for each person who attends a City of Shoreline sponsored on-line activity. I am responsible for the safety and appropriateness of the facility and equipment I use during my participation in the on-line activity. I am responsible to follow the instructor's instruction and I understand the on-line activity does not provide individual instruction or guidance. I further understand that if I, or my child or ward, is participating in a real-time virtual program that while the instructor will exercise reasonable care in monitoring the program activity that I am solely responsible for ensuring the necessary steps are taken to address the emergency situation, including but not limited to calling 911 or the implementation of first aid measures.

Main Contact/1	Print Name:	Date:
	Signature:	Date:
Main Contact/2	Print Name:	Date:
	Signature:	Date: